

Case Number:	CM15-0114669		
Date Assigned:	06/22/2015	Date of Injury:	03/19/2014
Decision Date:	07/30/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old female, who sustained an industrial injury on 03/19/2014. She has reported injury to the right hand/wrist. The diagnoses have included crush injury to the right hand; right dorsal wrist contusion, with incomplete styloid fracture; persistent distal ulnar pain; extensor tenosynovitis; impingement, right shoulder; and probable chronic regional pain syndrome. Treatment to date has included medications, diagnostics, and physical therapy. Medications have included Tramadol, Naprosyn, and compounded topical cream. A progress report from the treating physician, dated 05/12/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of continued pain to the right hand, right wrist, and right shoulder; the pain radiates from the wrist to the shoulder; it is described as intermittent, sharp, dull, and stabbing; the pain is better with non-movement and with her compounded topical cream; the compounded topical cream is the only thing that gives her some relief; since her last visit, the pain has ranged from 1/10 to 7/10; she admits to limitations with regards to her activities of daily living; and she is currently working a modified work status. Objective findings included palpable tenderness over the right shoulder; positive Hawkins and lift-off signs; and mild palpable tenderness over the mid dorsal metacarpals without palpable crepitus. The treatment plan has included the request for Compound: Ketamine/Ketoprofen/Baclofen/Cyclobenz/Gabapen #120.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Compound: Ketamine/Ketoprofen/Baclofen/Cyclobenz/Gabapen #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: The requested topical analgesic is formed by the combination of Flurbiprofen, Capsaicin, Camphor, Ketoprofen. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The compounded product drugs are not recommended as topical analgesic by MTUS guidelines. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for Compound: Ketamine/Ketoprofen/Baclofen/Cyclobenz/Gabapen #120 is not medically necessary.